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PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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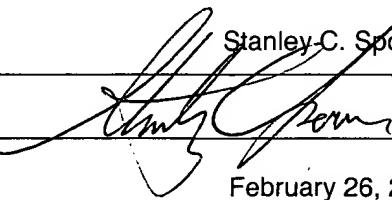
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Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/486,183		February 23, 2000 <i>TC 1700 MAIL ROOM</i>

Typed or Printed Name	Stanley C. Spooner	<i>(check one)</i>
Signature		<input type="checkbox"/> Applicant or Patentee
Date	February 26, 2003	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record 27,393 (Reg. No.)

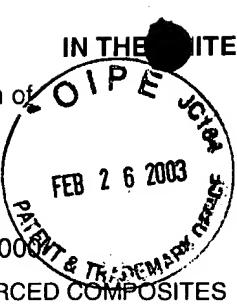
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of



Atty Dkt. 540-188

C# M#

Group Art Unit: 1733

Examiner: J. Aftergut

Date: February 26, 2003

GRAY

Serial No. 09/486,183

Filed: February 23, 2003

Title: FIBRE REINFORCED COMPOSITES

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RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.**Fees are attached as calculated below:**

Total effective claims after amendment previously paid for	(at least 20) =	minus highest number 0 x \$ 18.00	\$ 0.00
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Independent claims after amendment previously paid for 3	(at least 3) =	0 minus highest number 0 x \$ 84.00	\$ 0.00
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If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)	\$ 0.00
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Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$410.00/2 months; \$930.00/3 months)	\$ 0.00
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Terminal disclaimer enclosed, add \$ 110.00	\$ 0.00
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<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$750.00) <input type="checkbox"/> Please enter the previously unentered , filed <input type="checkbox"/> Submission attached	Subtotal \$ 0.00
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If "small entity," then enter half (1/2) of subtotal and subtract <input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith	-\$ 0.00
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Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$ 0.00
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Assignment Recording Fee (\$40.00)	\$ 0.00
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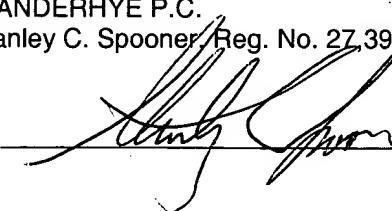
Other: Petition under 37 CFR 1.181	130.00
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TOTAL FEE ENCLOSED	\$ 130.00
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The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.
By Atty: Stanley C. Spooner, Reg. No. 27,393

Signature: 



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